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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2269-5663US (02-1325.00/US)

First Inventor Andreas et al.

Title WAFER CLEANING METHOD AND RESULTING WAFER

Express Mail Label No. EV325772264US

22388 U.S. PTO
10/645710
08/21/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 22]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C.113) [Total Sheets 2]
- Oath or Declaration [Total Pages 3]
 - Newly executed (original or copy)
 - Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

- Assignment Papers (cover sheet & document(s))
- 37 C.F.R. §3.73(b) Statement Power of (when there is an assignee) Attorney
- English Translation Document (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Certified Copy of Priority Document(s) (if foreign priority is claimed)
- Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

24247

PATENT TRADEMARK OFFICE

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Name (Print/Type)	Katherine A. Hamer	Registration No. (Attorney/Agent)	47,628
Signature	<i>Katherine A. Hamer</i>		Date
			August 21, 2003

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 952

<i>Complete if Known</i>	
Application Number	To be assigned
Filing Date	August 21, 2003
First Named Inventor	Andreas et al.
Examiner Name	To be assigned
Group / Art Unit	To be assigned
Attorney Docket No.	2269-5663US (02-1325.00/US)

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account:					3. ADDITIONAL FEES					
Deposit Account Number		20-1469			Large Entity	Small Entity				
Deposit Account Name		TraskBritt			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity		Small Entity		Fee Description				Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1001	750	2001	375	Utility filing fee				750		
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)				(\$) 750						
2. EXTRA CLAIM FEES										
				Extra Claims	Fee from below			Fee Paid		
Total Claims		29	-20 **	= 9	X 18			= 162		
Independent Claims		3	-3 **	= 0	X 84			= 0		
Multiple Dependent				X				= 0		
Large Entity		Small Entity		Fee Description						
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)				(\$) 162						
Other fee (specify) _____										
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)										
**or number previously paid, if greater; For Reissues, see above										

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SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Katherine A. Hamer	Registration No. Attorney/Agent)	47,628	Telephone	801-532-1922
Signature	<i>Katherine A. Hamer</i>			Date	August 21, 2003

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Included on this form: Provide credit card information and authorization on PTO-2058.
This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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